



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

Revised 04/16/2025

St. Joseph County Department of Health

Food Service/Store Establishment "Plan and Review" Application

Date of Application: _____

Project type: New _____ Renovation _____ Conversion _____

Note: Please submit standard drawings with this "Plan and Review" Application. See Instructions on Page 2, for completing the "Plan and Review" Questionnaire. Also see the "Fee Schedule" on Page 10 to determine the fee to submit.

Name of Establishment: _____

Category: Restaurant _____ Institution _____ Retail Market _____ Other _____ (if other, please specify):

Address of Establishment: _____

City: _____ State: _____ Zip: _____

Establishment Telephone: _____ Fax: _____

E-Mail Address: _____

Applicant's Name if Different from Owner: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Printed Name of Person Completing Application

Date

Signature of Person Completing Application

For office use Only

Date Received: _____

Application Fee Amount: _____

Transaction # _____

Department Employee: _____



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“Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents”

Instructions for the Plan and Review Questionnaire Form

The enclosed/attached questionnaire was designed for the operator and/or architect to utilize in the plan and review process. Please feel free to contact our office at 574-235-9750 for further assistance when completing the questionnaire.

The questionnaire is designed in two (2) parts. Part one is the Standard Operating Procedures (SSOP's). This part should be completed by the owner/operator of the facility. SSOP's are procedures that will help your operation to be in compliance with the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-26 you may **download this information from the website at <https://www.in.gov/localhealth/stjosephcounty/food-services-and-pool-program/>** or “Control, Click” this link: [Food Code, 410 IAC 7-26](#). The referenced section numbers at the end of each question will help you in answering the questionnaire. The following bulleted items are the sections covered under part one:

- Food (will the food be received in a safe and sanitary manner);
- Food Preparation (limits/restricts the amount of pathogen growth in food);
- Hot and Cold Holding (keeps pathogens from growing in food);
- Sanitization (ensure the proper amount and application of sanitizer levels);
- Poisonous or Toxic Materials and Personal Care Items (covers the storage and use of these items);
- Miscellaneous (covers registration/permitting and separation of living/sleeping areas)

Part two is the physical facility requirements. This part may need to be completed by the architect/contractor/engineer, since these requirements are more of a technical basis. The following bulleted items are the sections covered under part two:

- Warewashing/Dishwashing (covers the proper use and capacity of your equipment);
- Water Supply/Sewage Disposal (is the sewage system in compliance);
- Plumbing (covers backflow, hot water capacity, hoses, and grease traps)
- Handwashing/Toilet Facilities (quantity, door closure, and ventilation);
- Room Finish Schedule (covers interior of kitchen and ensures that the materials are made to be smooth and easily cleanable)
- Personal Belongings (prevents contamination of food from employees);
- Equipment (requires all equipment materials be food-grade quality and approved for use in a commercial kitchen);
- Insect and Rodent Harborage (prevents insects and rodent activity);
- Refuse and Recyclables (covers the storage and disposal);
- Lighting (minimum amount of light needed to conduct operations).

*****The Plan and Review Application Form must be completed and submitted with the questionnaire provided on the following pages*****



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All information must be completed in its entirety per 410 IAC 7-26.

1. Please answer the following questions and return this form and the application to our office.
2. If you have any questions, please contact our office at 574-235-9750.
3. This questionnaire is not designed as a complete list of requirements but should be used as a guideline only.
4. The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-26.
5. Please use this rule as it pertains to section numbers referenced at the end of each question.

I have submitted plans/applications to the authorities listed below on the following dates:

Zoning_____ Plumbing_____ Septic_____

Planning_____ Electric_____ Fire_____

Building_____

Number of seats_____ Total Square Feet of the Facility_____

Number of floors on which operations are conducted: _____

Maximum meals to be served (**approximate number**):

Breakfast_____ Lunch_____ Dinner_____

Type of Food Service (**check all that apply**):

Sit down meals_____ Mobile Vendor_____ Take out_____ Caterer_____ Packaged Grocery_____ Other_____

Who (job title) will be your certified food handler (Certified Food Protection Manager) (**Title 410 IAC 7-22**)?

How will employees be trained in food safety (**Section 136**)? _____

Mark the following items that are included in this application:

_____ Proposed Menu with Consumer Advisory if applicable (including disclosure and reminder statement);

_____ Manufacture specification sheets for each piece of equipment shown on the plan;

_____ Site Plan, showing location of business, location of building on site including alleys/streets, location any outside equipment-dumpsters and enclosures, well, septic (if applicable), grease trap, interior food operation space including preparation, ware washing, mop sink location, employee break rooms and restrooms.

The following procedures/questions should be considered before any further planning/construction begins or continues to ensure that special consideration is given to these standard sanitary operating procedures (SSOP's). This section should be completed by the operator. Please indicate (by either checking or completing the answers) whether a section applies to your operation.

FOOD

1. Please provide a list of all planned food vendors (**Section 155**).

2. What is the procedure for receiving food shipments (**Section 162**)? _____

Are temperatures checked and containers inspected for damage? Yes _____ No _____

What is the anticipated frequency of food deliveries for: Frozen _____ Fresh _____ Dry Goods _____?

3. Is your facility required to have pasteurized products due to serving a highly susceptible population (very young, elderly or immunocompromised) (**Section 225**)? Yes _____ No _____

4. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? Yes _____ No _____ If yes, have you passed the Better Process and Control School Exam? Yes _____ No _____ N/A _____ (Please include a copy of the certification).

5. Do you intend to make reduced oxygen packaged foods (ROP, defined under section 97) (**Section 218**)? Yes / No

If yes, please list out the ROP foods _____

FOOD PREPARATION

6. If the foods are prepared a day or more in advance, please list them out. _____

7. What will be your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked or heat treated (such as, sushi, lettuce, buns, etc.) (**Section 173**).

8. Describe your date marking system (described under Section 214) for Time/Temperature Control for Safety Food (TCS) (defined under Section 125) ready-to-eat foods (defined under Section 96) (**Section 214**).

9. Will all produce be washed prior to use (**Section 179**)? Yes _____ No _____ N/A _____

If no, why? _____

10. Describe the procedure to minimize the amount of time TCS will be kept in the temperature danger zone (41°F-135°F) during preparation (**Section 211**).

Food Preparation (continued):

11. Provide a list of the types of food that will need to be thawed before cooking and the process that will be used to thaw the food. (e.g. frozen meat) (**Section 210**).

PROCESS	TYPES OF FOOD
Refrigeration	
Running Water less than 70°F	
Microwave as part of the cooking process	
Cook from frozen	
Other (describe)	

12. Provide a list of the types of food that will need to be cooled and the process that will be used to cool each of these foods (i.e. leftovers) (**Section 211, 212**).

PROCESS	TYPES OF FOODS
Shallow pans under refrigeration	
Ice and water bath	
Reduced volume (quartering a large roast)	
Ice paddles	
Rapid chill devices (blast freezer)	
Other (describe)	

13. What procedures will be in place to ensure that foods are reheated to 165°F or above (**Section 206**)?

14. Will a buffet be served? Yes____ No____ N/A____ If yes who will be responsible for ensuring that the buffet is protected from consumer contamination (**Section 195**)?

15. Will "Time as a Public Health Control" (**Section 216**) be used for TCS food(s) (either hot or cold)?

Yes _____ No _____ N/A_____ Note: **If answering yes, these procedures must be submitted and approved before their use.**

16. Will raw animal food(s) be offered to the public in an undercooked form (**sushi, tuna, oysters, ceviche, rare hamburgers, non-whole-muscle intact beef, eggs over easy, made from scratch Caesar dressing, etc.**)?

Yes_____ No _____ N/A_____ If so, please attach your consumer advisory statement (**Section 223**).

17. Who (**line cook, kitchen manager, etc.**) will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken (cooking, cooling, reheating, and hot holding)? (**Section 136**)

18. Describe how cross-contamination of raw meats and unwashed produce with ready-to-eat foods will be prevented in refrigeration units (i.e. walk in coolers, under the counter coolers) (**Section 175**)

19. Describe the storage of different types of raw meat and seafood in the same unit, and how cross contamination will be prevented (**Section 175**).

Sanitization

20. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used (**Section 136**)?

21. What type of chemical sanitizer(s) will the facility use (**Section 299**)? _____

22. Will the facility have test kits/papers on site for all types of chemical sanitizers (**Section 301**)?

Yes _____ No _____ N/A _____

23. How will cooking equipment, cutting boards, counter tops, and other food contact surfaces which, cannot be submerged in a sink or put through a dishwasher be sanitized (**Section 316**)?

Poisonous or Toxic Materials and Personal care Items

24. Where will poisonous or toxic materials be stored (including items for retail sale) (**Section 457**)?

25. Will the facility ensure that insecticides and rodenticides are “Approved for Use in Food Establishments” and that they are applied in a safe manner (**Section 136**)? Yes _____ No _____

26. Will all spray bottles be clearly labeled (**Section 456**)? Yes _____ No _____

27. Where will first aid supplies be stored (**Section 471**)? _____

Miscellaneous

28. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters (**Section 427**)?

Yes _____ No _____ N/A _____

29. Has the facility registered or applied for a permit from the regulatory authority (**Section 477**) Yes _____ No _____

(The rest of this page was intentionally left blank)

The following list of questions should be generally completed by the architect/contractor/engineer.

Warewashing/Dishwashing

30. Dishwashing methods (**check one or both**) 3 compartment sink _____ Dishmachine _____
31. If a 3-compartment sink is used, which sanitizing method will you use? Hot Water (minimum 170°F) _____ Chemical _____
32. If a dishmachine is used, which sanitizing method will you use? Hot Water _____ Chemical _____
33. Does the dish-machine have template with operating instructions (**Section 261**)? Yes _____ No _____ N/A _____
- If hot water, do you have a booster heater? Yes _____ No _____ N/A _____
- If hot water, how will you ensure that the unit is sanitizing the utensils (**Section 280, 316**)? _____
-

34. If a chemical dishmachine is used does it have an alarm that indicates when chemical sanitizer needs to be replenished (**Section 265**)? Yes _____ No _____ N/A _____
35. What type of alarm will be used to detect when the sanitizer is too low? Sound _____ Visual _____
36. Can the largest piece of equipment be submerged into the 3-compartment sink or dish machine (**Section 274**)? Yes _____ No _____ N/A _____
37. Does the facility plan to use alternative manual ware washing equipment (**Section 274**)? Yes _____ No _____ N/A _____
If yes, please submit your procedure for review.
38. Does your facility have enough drainboards/utensils racks/carts for the air drying of equipment and utensils for either the 3-compartment sink or the dish machine (**Section 275**)? Please describe below:
-
-

Water Supply

39. Is the water supply public (____) or private well system with PWSID# where required (____)? If public, skip question #40.
40. If the water system is nonpublic/well, has the source been tested as required including by IDEM (Indiana Department of Environmental Management) where applicable (**Section 339**)? Yes _____ No _____
- If yes, what is the date of the last water sample report? _____
- Was a copy of the lab results/ IDEM summary report sent to our office? Yes _____ No _____

Wastewater/Sewer Disposal

41. Is the sewage disposal system a public municipal sewer system (____) or a private septic system (____)? If public skip question #42.
42. Has the wastewater treatment system been approved by the State and this office's Environmental Unit for its current use or change of use (**Section 385**)? Yes _____ *****Please provide a copy of the approval***** No _____

*****Updated approval for a change of use is required. Newly constructed food establishments as well as new food establishments in a renovated space with a change of use are required to complete a Commercial On-Site Sewage System Application. Contact the Indiana Department of Health (IDOH) at 317-233-7173 or soil@health.in.gov with questions*****

Plumbing

43. Are hot and cold-water fixtures provided at every sink? Yes _____ No _____
44. If a water supply hose is to be used for potable water, is it made from food-grade materials (**Section 370**)? Yes _____ No _____
45. What are the recovery time, volume, and capacity of the hot water heater (**Section 341**)? _____

46. The following technical information is needed on the proposed plumbing. **This section is best completed by a licensed plumber, or engineer (Section 346):**

Fixture			Water Supply			Sewage Disposal		
	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Dishwasher								
Ice Machine								
Mop/Service Sink								
3 Compartment Sink								
2 Compartment Sink								
1 Compartment Sink								
Hand Sink(s)								
Dipper Well								
Hose Connections								
Asian Wok/Stove								
Toilet(s)								
Kettle(s)								
Thermalizer								
Overhead Spray Hose								
Other Spray Hose(s)								
Other:								
Other:								
AVB=Atmospheric Vacuum Breaker				HB=Hose Bib Vacuum Breaker				
PVB=Pressure Vacuum Breaker				VDC=Vented Double Check Valve				

47. Has contact been made to the municipality to determine if a grease trap is required? Yes _____ No _____ N/A _____
48. What would be the frequency of cleaning of the grease trap (**Section 381**)? _____
49. Is there a mop sink (**Section 35**)? _____yes _____no

Handwashing/Toilet Facilities

50. Handwashing sinks are required in each food preparation and dishwashing area (**Section 356**).

How many handsinks will be provided? _____

51. Are all toilet room doors self-closing where applicable (**Section 420**)? Yes _____ No _____
52. Are all toilet rooms equipped with adequate ventilation (**Section 437**)? Yes _____ No _____

(The rest of this page was intentionally left blank)

Room Finish Schedule (What the interior of the facility will look like.)

53. Please include which materials (i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.) will be used in the following areas (**Section 409**).

AREA	FLOOR	COVING	WALL	CEILING
KITCHEN				
CONSUMER SELF-SERVICE				
SERVING LINE				
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS				
GARBAGE STORAGE				
MOP/SERVICE SINK AREA				
DISHWASHING				
OTHER				
OTHER				

Personal Belongings

54. Are separate dressing rooms/lockers provided for staff/employees (**Section 438**)? Yes ____ No ____ N/A ____

55. Describe the storage location for employees' coats, purses, medicines and lunches (**Section 440, 472**).

56. Where is the designated area for employees to eat, and drink, (**Section 148**)? _____

Equipment

57. Will all the equipment meet the design and construction for the American National Standards Institute (ANSI) standards or meet requirements of **Section 226**? Yes ____ No ____

58. Will the utensils and food storage containers be made from food-grade quality materials (**Section 205**)? Yes ____ No ____

59. Will any pieces of used equipment be utilized (**Section 474**)? Yes ____ No ____ N/A ____

If so, please list equipment types:

60. Is the ventilation hood system enough for the needs of the facility (**Section 276**)? Yes ____ No ____ N/A ____

61. Will all the equipment used for the storage of potentially hazardous food be able to meet the minimum temperature requirements (frozen food 0°F, cold food maximum of 41°F, hot food minimum of 135°F) (**Sections 208 and 213**)? Yes ____ No ____ N/A ____

Equipment (continued)

62. Please list equipment types for the hot and cold holding of foods; also, during serving or transporting (**Section 213**).

63. Will each refrigeration unit have a thermometer (**Section 260**)? Yes _____ No _____

64. What types of counter protective guards for food (sneeze guards) will be used for consumer self-service (**Section 193**)?

Insect and Rodent Harborage

65. Will all outside doors be self-closing, when applicable, and rodent/insect proof (**Section 421**)? Yes _____ No _____

66. Will screens be provided on any open windows/doors to the outside (**Section 421**)? Yes _____ No _____

67. Will air curtains be installed (made from either plastic or mechanical); if so, where on outer openings (**Section 421**)?

68. Will all pipes and electrical conduit chases be sealed (i.e. ventilation systems, exhaust and intake be protected) (**Section 422**)?

Yes _____ No _____

69. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions (**Section 453**)?

Yes _____ No _____

70. Do you plan to use a pest control service? Yes _____ No _____ Frequency _____ Company _____

Refuse and Recyclables

71. Describe the surface (for refuse/recyclables) that the outside dumpster will be located on (**Section 388**)?

72. Where will recyclables be stored prior to pick-up? _____

Lighting

73. What are the foot candles of light for the following areas (**Section 436**)?

Food Prep Areas _____ Dishwashing Areas _____

Dry Storage Areas _____ Restrooms _____

Walk in refrigeration units _____

The following is the fee schedule as established by the St. Joseph County Board of Health and hereby approved by the Board of Commissioners of St. Joseph County Resolution R-C-6-05:

**Plan and Review Application Fees for Permanent Food Service/Store Establishments
(this includes the \$75.00 Initial Administrative Fee)**

Under 3,000 Square Feet	\$100.00
3,001 to 30,000 Square Feet	\$180.00
30,001 to 40,000 Square Feet	\$260.00
40,001 to 60,000 Square Feet	\$340.00

Floor Plan

60,001 Square Feet and over	\$400.00
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A floor plan with dimensions of the entire establishment including kitchen, dishwashing, dry storage, mop area, restrooms, dining, customer service areas and equipment/plumbing fixture locations may be provided below if no architectural plans are available.